

Riverside Police Department

Initial Report

1. NPC E	2. Type Clr CRW	3. Type Cont RST	UCR Code 09	4. File Number P17-196932
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5. Section/Classification PC 207 Kidnapping	6. Add Charges <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Location of Occurrence 6201 Shaker Dr., Riverside
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8. Date and time of occurrence 10-31-17 1110	9. Day 3	10. Date/Time Reported 10-31-17 / 1114	11. Date of Report 10-31-17	12. Type of Premises School
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13. Victim Name or Firm Paredes Gallardo, Carlos	14. Residence Address [REDACTED]	15. Res. Phone [REDACTED]
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16. Sex/Race M / H	Height 5-07	Weight 150	Hair BLK	Eyes BRO	17. D.O.B. [REDACTED]	18. Business Address [REDACTED]	19. Bus. Phone [REDACTED]
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20. If treated for injuries, by whom? Riverside Community Hospital ER Staff	21. If hospitalized, where? [REDACTED]	23. Date/Time 10-31-17 / 1150	23. Nature of injuries Multiple facial contusions and cuts
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24. License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	How was the vehicle involved?	Veh. Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No
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25. WILL THE VICTIM PROSECUTE? Yes No

26. Code W	Name (Last, First, Middle) Paredes Gallardo, Jennifer	27. Residence Address [REDACTED]	28. Res. Phone [REDACTED]
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29. Sex/Race F / H	Height 5-04	Weight 150	Hair BLK	Eyes BRO	30. D.O.B. [REDACTED]	31. Business Address [REDACTED]	32. Bus. Phone [REDACTED]
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33. If treated for injuries, by whom?	34. If hospitalized, where?	35. Date/Time	36. Nature of injuries
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37. WAS THERE A WITNESS TO THE CRIME? Yes No

38. Pursuant to California Penal Code Section 293 (a), you are informed that your name will be a matter of public record unless you request that it not become a Public Record, pursuant to Section 6254 of the Government Code. Do you elect to exercise your right to privacy?

Victim #1 Yes No

Victim #2 Yes No

QUALIFYING SECTION ONLY!

39. CAN A SUSPECT BE NAMED OR IDENTIFIED? Yes No

40. Name (Arrestee #1)	Sex/Race	Height	Weight	Hair	Eyes	DOB	Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cited? <input type="checkbox"/> Bkd?
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Address of Arrestee #1	<input type="checkbox"/> Prob <input type="checkbox"/> Parole	Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No	SS CDL#	Bkg. or Cite number
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41. Name (Arrestee #2)	Sex/Race	Height	Weight	Hair	Eyes	DOB	Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cited? <input type="checkbox"/> Bkd?
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Address of Arrestee #2	<input type="checkbox"/> Prob <input type="checkbox"/> Parole	Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No	SS CDL#	Bkg. or Cite number
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42. CAN A SUSPECT VEHICLE BE IDENTIFIED? Yes No

43. License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	Identifying Characteristics	Veh Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No
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44. IS THERE ANY SIGNIFICANT PHYSICAL EVIDENCE? Yes No

45. Physical Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	46. Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	47. Supp/related Rpts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
48. Physical Evidence Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	49. Weapon Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50. Gang Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
51. Fingerprint Search Made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	52. Fingerprints Obtained? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	53. Audio Recording Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
54. Type of Weapon, Force or Device Used Hands	55. Motive Kidnapping	56. Narc. Field Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No

57. Describe briefly how the offense occurred.

V1 was visiting W1, his wife, for lunch at the school. A lock down announcement was broadcasted. V1 saw the school principal, who told him that S1 had locked himself inside the classroom with a teacher. V1 forced his way into the classroom and contacted S1. S1 punched V1's face. V2 ran outside. S1 chased her and V1 followed them. S1 got V2 into a "choke hold" with his arm. V1 put S1 into a similar hold from behind. S1 got loose and attacked V1 punching him several times. S1 dragged V2 into the classroom and held her hostage.

RECORDS SECTIONS

58. Reporting Officer M Foster	I.D. # 1519	115 Qualify <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	59. Supervisor Approving [Signature]	I.D. # 1333	60. Date Reviewed 11/2/17	61. Send copies of this report to:		
TO				<input type="checkbox"/> INV <input type="checkbox"/> RMC <input type="checkbox"/> DPS <input type="checkbox"/> COR	<input type="checkbox"/> FBI <input type="checkbox"/> DOJ <input type="checkbox"/> DA <input type="checkbox"/> PROB	ENTERED STAT ARBK ANI	Dispatcher ID# APR/APB sent canceled DOJ/NCIC sent canceled	PAGE 1 OF 5

**RIVERSIDE POLICE DEPT.
INITIAL REPORT
SUSPECT DESCRIPTION SHEET**

PAGE NO: 2

FILE NO. P17-196932

DATE 10-31-17	TYPE OF REPORT PC 207	INVESTIGATING OFFICER M. Foster						
SUSPECTS THAT CAN BE IDENTIFIED / OR JUVENILE ARRESTEE'S NOT LISTED ON THE FACE PAGE								
61. Name Suspect # <u>1</u> OR Juvenile Arrestee Luvelle, Kennon	Sex/Race M / B	Height 6-01	Weight 235	Hair BLK	Eyes BRO	DOB or Age 27	Interviewed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cited? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address and/or additional information	Prob <input type="checkbox"/> Parole <input type="checkbox"/>	Gang Rel <input type="checkbox"/> Yes <input type="checkbox"/> No	SS #	CDL#		Bkg or Cite Number		
62. Name Suspect # <u> </u> OR Juvenile Arrestee	Sex/Race /	Height	Weight	Hair	Eyes	DOB or Age	Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cited? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address and/or additional information	Prob <input type="checkbox"/> Parole <input type="checkbox"/>	Gang Rel <input type="checkbox"/> Yes <input type="checkbox"/> No	SS #	CDL#		Bkg or Cite Number		

SUSPECTS DESCRIPTION

#1 & #2 Apply to Arrestee's #1 & #2 on Front Page / #3 & #4 Apply to Suspects on this Page Only

<p>1 2 3 4 HAIR LENGTH</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Bald 2. Collar 3. Receding 4. Shaved 5. Short 6. Shoulder</p> <hr/> <p>FACIAL HAIR</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Beard-Scraggly 2. Beard-Short 3. Beard-Full 4. Clean Shaven 5. Fumanchu 6. Goatee 7. Mustache- Thin 8. Mustache- Thick 9. Sideburns 10. Unshaven 11. Other</p> <hr/> <p>RT/LT HANDED</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Right Handed 2. Left Handed 3. Unknown</p> <hr/> <p>DIST.FEATURE</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Amputation 2. Artificial Limb 3. Cane/Crutch 4. Cast-Arm/Leg 5. Crippled 6. Deformed 7. Growth/Mole 8. Hearing Aid 9. Limp 10. Skin Discoloration 11. Spastic Moves 12. Earring/Lt Ear 13. Earring/Rt Ear 14. Other</p>	<p>1 2 3 4 HAIR TYPE</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Coarse 2. Fine 3. Thick 4. Thinning 5. Wig 6. Wiry 7. Other</p> <hr/> <p>TEETH</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Braces 2. Bucked 3. Chipped 4. Crooked 5. Gaps Between 6. Glid/Slr Capped 7. Jewel Studded 8. Missing 9. Retainer 10. Stained/Decayed 11. Other</p> <hr/> <p>WEAPON</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Club 2. Hand Gun 3. Other Unk Gun 4. Rifle 5. Shot Gun 6. Toy Gun 7. Simulated 8. Pocket Knife 9. Butcher Knife 10. Other Cut Inst. 11. Hands/Feet 12. Bodily Force 13. Strangulation 14. Tire Iron 15. Vehicle 16. Explosive Device 17. Other</p>	<p>1 2 3 4 HAIR CONDITION</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Clean 2. Dirty 3. Greasy 4. Matted 5. Odor 6. Other</p> <hr/> <p>GLASSES/LENSES</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Yes-Unk Type 2. Prescrip Glasses 3. Sunglasses 4. Wire Frames 5. Plastic Frames 6. Lens Ornation 7. Contact Lenses 8. Frame- Gold 9. Frame- Silver 10. Frame- Black 11. Other Frm Color 12. Other</p> <hr/> <p>EVIDENCE</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Blood 2. Bullet Casings 3. Sunglasses 4. Wire Frames 5. Footprints 6. Hair 7. Other Prints 8. Paint 9. Photographs 10. Rape Kit 11. Semen 12. Stains 13. Tools 14. Tool Marks 15. Vehicle 16. Weapon 17. Urine 18. Breath 19. Other</p>	<p>1 2 3 4 HAIR STYLE</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Afro/Natural 2. Braided 3. Bushy 4. Butch 5. Combed Back 6. Corn-Row 7. Curlers 8. Curly 9. Flattop 10. Military 11. Mohawk 12. Ponytail 13. Punk 14. Straight 15. Stylet 16. Center Parted 17. Left Parted 18. Right Parted 19. Unkempt 20. Wavy 21. Widows Peak 22. Other</p> <hr/> <p>UNIQUE CLOTHING</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Baseball Cap 2. Cowboy Hat 3. Leather Hat 4. Other Hat 5. Ski Mask 6. Nylon Mask 7. Gloves 8. Military Jacket 9. Bandana 10. Ski/Down Jckt 11. Vest 12. Levi Jacket 13. Windbreaker 14. Leather Jacket 15. Gang Attire 16. Latex Mask 17. Other</p>	<p>1 2 3 4 TATS/MRKS/SCRS (Describe Below)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Face 2. Neck 3. Arms 4. Hands 5. Legs 6. Shoulders 7. Chest 8. Back 9. Scar Feature 10. Mark Feature 11. Describe</p> <hr/> <p>SPEECH/VOICE</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>0. NA 1. East US Accent 2. So. US Accent 3. Foreign Accent 4. Deep 5. Disguised 6. High 7. Slurred 8. Soft 9. Speech Imped 10. Other</p> <hr/> <p>COMPLEXION</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Acne 2. Pock Marked 3. Albino 4. Dark 5. Freckled 6. Light/Fair 7. Medium 8. Olive 9. Pale/Shallow 10. Ruddy 11. Tanned 12. Wrinkled 13. Other</p>
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<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1. Climaxed 2. Unknown Climax 3. Ties/Binds Vict 4. Covers Vic Face 5. Photographs Vic 6. Forces Oral Cop 7. Orally Cops Vic 8. Rapes W/For Obj.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>9. Sodomized Victim 10. Sugg Lewd Act 11. Inserted Finger 12. Forced to Fondle 13. Masturbated Self 14. Multi-Rapes 15. Force to disrobe 16. Follows Victim</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>17. Force Veh off Rd 18. Strikes Victim 19. Stabs Victim 20. Shoots Victim 21. Fires Weapon 22. Demand Note 23. Wears Gloves 24. Hides in Bushes</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>25. Has Accomp(s) 26. Claims Accomp 27. Grab Vict's Purse 28. Under Influence 29. Demands Vehicle 30. Demands Narc. 31. Blindfolds Victim 32. Forces/Lie Down</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>33. Forces Rr Store 34. Locks in Rm/Office 35. Kidnaps Victim 36. Make Vic Count 37. Handcuffs Vic 38. Tortures Victim 39. Other</p>
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Additional Suspect Description that is Unique (List by Suspect)

S1 was seen wearing a red "colorful" sweater that zipped in the front. He had tattoos on his chest

**RIVERSIDE POLICE DEPT.
INITIAL REPORT
M.O. SHEET**

PAGE NO: 3

FILE NO.

DATE 0-31-17	TYPE OF REPORT PC 207	REPORTING OFFICER M. Foster
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-ADDITIONAL CONTACTS-

FOR CODE USE V- Victim W- Witness DC- Discovered Crime RP- Reporting Party P- Parent O- Other

Code V	63. Name Montgomery, Linda					64. Residence Address			65. Res. Phone
66. Sex/Race F / W	Height	Weight	Hair	Eyes	67. D.O.B. 70	68. Business Address			69. Bus. Phone
Code	70. Name					71. Residence Address			72. Res. Phone
73. Sex/Race /	Height	Weight	Hair	Eyes	74. D.O.B.	75. Business Address			76. Bus. Phone

<p>PREMISES (BUSINESS)</p> <p><input type="checkbox"/> 1. Bank/Sav. Loan Finance/Credit Union</p> <p><input type="checkbox"/> 2. Bar</p> <p><input type="checkbox"/> 3. Cleaners/Laundry</p> <p><input type="checkbox"/> 4. Construction Site</p> <p><input type="checkbox"/> 5. Theater</p> <p><input type="checkbox"/> 6. Fast Foods</p> <p><input type="checkbox"/> 7. Gas Station</p> <p><input type="checkbox"/> 8. Hotel/Motel</p> <p><input type="checkbox"/> 9. Dept./Disc. Store</p> <p><input type="checkbox"/> 10. Drug/Pharm. Store</p> <p><input type="checkbox"/> 11. Gun/Sport Store</p> <p><input type="checkbox"/> 12. Jewelry Store</p> <p><input type="checkbox"/> 13. Liquor Store</p> <p><input type="checkbox"/> 14. Photo Stand</p> <p><input type="checkbox"/> 15. Convenience Store</p> <p><input type="checkbox"/> 16. Tire Store</p> <p><input type="checkbox"/> 17. Restaurant</p> <p><input type="checkbox"/> 18. Supermarket</p> <p><input type="checkbox"/> 19. Video/TV/Radio</p> <p><input type="checkbox"/> 20. Auto Parts</p> <p><input type="checkbox"/> 21. Bicycle Store</p> <p><input type="checkbox"/> 22. Clothing Store</p> <p><input type="checkbox"/> 23. Hardware</p> <p><input type="checkbox"/> 24. Medical</p> <p><input type="checkbox"/> 25. Office Building</p> <p><input type="checkbox"/> 26. Shoe Store</p> <p><input type="checkbox"/> 27. Warehouse</p> <p><input type="checkbox"/> 28. Entertainment</p> <p><input type="checkbox"/> 29. Storage Facility</p> <p><input type="checkbox"/> 30. Other:</p> <p>(RESIDENCE)</p> <p><input type="checkbox"/> 31. Apartment</p> <p><input type="checkbox"/> 32. Condo/Townhouse</p> <p><input type="checkbox"/> 33. Duplex/Fourplex</p> <p><input type="checkbox"/> 34. Garage Attached</p> <p><input type="checkbox"/> 35. Garage Detached</p> <p><input type="checkbox"/> 36. House</p> <p><input type="checkbox"/> 37. Mobile Home</p> <p><input type="checkbox"/> 38. Retirement Home</p> <p><input type="checkbox"/> 39. Other:</p> <p>(PUBLIC)</p> <p><input type="checkbox"/> 40. Church</p> <p><input type="checkbox"/> 41. Hospital</p> <p><input type="checkbox"/> 42. Park/Playground</p> <p><input type="checkbox"/> 43. Public Building</p> <p><input checked="" type="checkbox"/> 44. School</p> <p><input type="checkbox"/> 45. Shopping Center</p> <p><input type="checkbox"/> 46. Street/Hwy/Fwy</p> <p><input type="checkbox"/> 47. Pkg Lt/Garage</p> <p><input type="checkbox"/> 48. Other:</p>	<p>POINT OF ENTRY</p> <p><input type="checkbox"/> 1. Front</p> <p><input type="checkbox"/> 2. Rear</p> <p><input type="checkbox"/> 3. Side</p> <p><input type="checkbox"/> 4. North</p> <p><input type="checkbox"/> 5. South</p> <p><input type="checkbox"/> 6. East</p> <p><input type="checkbox"/> 7. West</p> <p><input type="checkbox"/> 8. Window</p> <p><input type="checkbox"/> 9. Door</p> <p><input type="checkbox"/> 10. Sliding Glass Door</p> <p><input type="checkbox"/> 11. Basement</p> <p><input type="checkbox"/> 12. Roof</p> <p><input type="checkbox"/> 13. Floor</p> <p><input type="checkbox"/> 14. Wall</p> <p><input type="checkbox"/> 15. Duct/Vent</p> <p><input type="checkbox"/> 16. Garage</p> <p><input type="checkbox"/> 17. Adj. Building</p> <p><input checked="" type="checkbox"/> 18. Ground Level</p> <p><input type="checkbox"/> 19. Upper Level</p> <p><input type="checkbox"/> 20. Other:</p> <p>METHOD OF ENTRY</p> <p><input checked="" type="checkbox"/> 1. No Force Used</p> <p><input type="checkbox"/> 2. Attempt Only</p> <p><input type="checkbox"/> 3. Bodily Force</p> <p><input type="checkbox"/> 4. Bolt Cut/Pliers</p> <p><input type="checkbox"/> 5. Channel Lock/Pliers Wrench/Vice Grips</p> <p><input type="checkbox"/> 6. Saw/Drill/Burn</p> <p><input type="checkbox"/> 7. Screwdriver</p> <p><input type="checkbox"/> 8. Tire Iron</p> <p><input type="checkbox"/> 9. Unk Pry Tool</p> <p><input type="checkbox"/> 10. Coat Hanger/Wire Slim Jim</p> <p><input type="checkbox"/> 11. Key Slip/Shim</p> <p><input type="checkbox"/> 12. Punch</p> <p><input type="checkbox"/> 13. Remove Louvers</p> <p><input type="checkbox"/> 14. Window Smashed</p> <p><input type="checkbox"/> 15. Brick/Rock</p> <p><input type="checkbox"/> 16. Hid in Building</p> <p><input type="checkbox"/> 17. Lock Box</p> <p><input type="checkbox"/> 18. Unlocked Door/Window</p> <p><input type="checkbox"/> 19. Other:</p>	<p>PROPERTY TAKEN (See \$ Amount Below)</p> <p><input type="checkbox"/> 1. Cash/Notes</p> <p><input type="checkbox"/> 2. Jewelry/Metals</p> <p><input type="checkbox"/> 3. Clothing/Furs</p> <p><input type="checkbox"/> 4. Office Equipment</p> <p><input type="checkbox"/> 5. TV/Cam/Stereo</p> <p><input type="checkbox"/> 6. Firearms</p> <p><input type="checkbox"/> 7. Household Goods</p> <p><input type="checkbox"/> 8. Consumer Goods</p> <p><input type="checkbox"/> 9. Livestock</p> <p><input type="checkbox"/> 10. Misc.</p> <p><input type="checkbox"/> 11. Car Radio/Spkrs</p> <p><input type="checkbox"/> 12. Narcotics/Drugs</p> <p><input type="checkbox"/> 13. Tools</p> <p><input type="checkbox"/> 14. Other:</p> <p>TYPE OF SECURITY</p> <p><input type="checkbox"/> 1. Audible Alarm</p> <p><input type="checkbox"/> 2. Silent Alarm</p> <p><input type="checkbox"/> 3. Security Patrol</p> <p><input type="checkbox"/> 4. Dog</p> <p><input checked="" type="checkbox"/> 5. Standard Locks</p> <p><input type="checkbox"/> 6. Auxiliary Locks</p> <p><input type="checkbox"/> 7. Deadbolts</p> <p><input type="checkbox"/> 8. Window Bars/Grill</p> <p><input type="checkbox"/> 9. Outside Lights On</p> <p><input type="checkbox"/> 10. Inside Lights On</p> <p><input type="checkbox"/> 11. Garage Door Lock</p> <p><input type="checkbox"/> 12. Obscured Int. View</p> <p><input type="checkbox"/> 13. Comm/Business</p> <p><input type="checkbox"/> 14. Other:</p> <p>BURGLARY ONLY</p> <p>Is Victim Member of Neighborhood Watch?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Interested in Neighborhood Watch?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>APPROACH</p> <p><input type="checkbox"/> 1. Taking a Survey</p> <p><input type="checkbox"/> 2. Customer/Client Delivery</p> <p><input checked="" type="checkbox"/> 3. Person</p> <p><input type="checkbox"/> 4. Stranded Motorist</p> <p><input type="checkbox"/> 5. Drunk Employee</p> <p><input type="checkbox"/> 6. Drunk Employer</p> <p><input type="checkbox"/> 7. Friend/Relative</p> <p><input type="checkbox"/> 8. Ill/Injured</p> <p><input type="checkbox"/> 9. Needed Telephone</p> <p><input type="checkbox"/> 10. Police/Law Official</p> <p><input type="checkbox"/> 11. Renter</p> <p><input type="checkbox"/> 12. Repair Man</p> <p><input type="checkbox"/> 13. Sales-Lawful Goods</p> <p><input type="checkbox"/> 14. Sales-Unlawful Goods</p> <p><input type="checkbox"/> 15. Seeking Assistance</p> <p><input type="checkbox"/> 16. Seeking Directions</p> <p><input type="checkbox"/> 17. Seeking Someone</p> <p><input type="checkbox"/> 18. Other:</p> <p>SOLVABILITY FACTOR</p> <p><input type="checkbox"/> 1. Will Not Prosecute</p> <p><input type="checkbox"/> 2. There is a Witness</p> <p><input type="checkbox"/> 3. Suspect Arrested</p> <p><input checked="" type="checkbox"/> 4. Suspect Named</p> <p><input type="checkbox"/> 5. Suspect Described</p> <p><input type="checkbox"/> 6. Suspect Can Be IDed</p> <p><input type="checkbox"/> 7. Susp Can Be Found</p> <p><input type="checkbox"/> 8. Susp Veh Can Be IDed</p> <p><input type="checkbox"/> 9. Identifiable 496</p> <p><input type="checkbox"/> 10. Good Phys. Evidence</p> <p><input type="checkbox"/> 11. Major Inj/Sex Crime</p> <p><input type="checkbox"/> 12. Significant MO</p> <p><input type="checkbox"/> 13. Witness Needs Cont.</p> <p><input type="checkbox"/> 14. ID Called Out</p> <p><input type="checkbox"/> 15. Inf. Contacted</p> <p><input type="checkbox"/> 16. Neighbors Checked</p> <p><input type="checkbox"/> 17. Other:</p> <p>VEHICLE ENTRY</p> <p><input type="checkbox"/> 1. Door/Lock Forc'd</p> <p><input type="checkbox"/> 2. Conv/Top Forc'd</p> <p><input type="checkbox"/> 3. Trunk Forc'd</p> <p><input type="checkbox"/> 4. Window Broken</p> <p><input type="checkbox"/> 5. Window Forc'd</p> <p><input type="checkbox"/> 6. Window Open</p> <p><input type="checkbox"/> 7. Unlocked</p> <p><input type="checkbox"/> 8. Other:</p>	<p>SUSPECT REL/VICTIM</p> <p><input type="checkbox"/> 1. Husband</p> <p><input type="checkbox"/> 2. Wife</p> <p><input type="checkbox"/> 3. Mother</p> <p><input type="checkbox"/> 4. Father</p> <p><input type="checkbox"/> 5. Daughter</p> <p><input type="checkbox"/> 6. Son</p> <p><input type="checkbox"/> 7. Brother</p> <p><input type="checkbox"/> 8. Sister</p> <p><input type="checkbox"/> 9. Other Fam Member</p> <p><input type="checkbox"/> 10. Acquaintance</p> <p><input type="checkbox"/> 11. Friend</p> <p><input type="checkbox"/> 12. Boyfriend</p> <p><input type="checkbox"/> 13. Girlfriend</p> <p><input type="checkbox"/> 14. Neighbor</p> <p><input type="checkbox"/> 15. Business Associate</p> <p><input checked="" type="checkbox"/> 16. Stranger</p> <p><input type="checkbox"/> 17. Other:</p> <p>VICTIM PHYSICAL CONDITION</p> <p><input type="checkbox"/> 1. Under Influence</p> <p><input type="checkbox"/> 2. Sick/Injured</p> <p><input type="checkbox"/> 3. Senior Citizen</p> <p><input type="checkbox"/> 4. Blind</p> <p><input type="checkbox"/> 5. Handicapped</p> <p><input type="checkbox"/> 6. Deaf</p> <p><input type="checkbox"/> 7. Mute</p> <p><input type="checkbox"/> 8. Mentally Impaired</p> <p><input type="checkbox"/> 9. Other:</p> <p>VEHICLE TYPE</p> <p><input type="checkbox"/> 1. Passenger Car</p> <p><input type="checkbox"/> 2. Motorcycle/Moped</p> <p><input type="checkbox"/> 3. Pickup Truck</p> <p><input type="checkbox"/> 4. Trailer</p> <p><input type="checkbox"/> 5. Truck</p> <p><input type="checkbox"/> 6. Van</p> <p><input type="checkbox"/> 7. Camper</p> <p><input type="checkbox"/> 8. Motorhome</p> <p><input type="checkbox"/> 9. Other:</p>
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TOTAL AMOUNT STOLEN

TOTAL AMOUNT RECOVERED

**RIVERSIDE POLICE DEPARTMENT
CONTINUATION PAGE**

PAGE NO. 4

FILE NO. P17-196932

DATE 10-31-17	TYPE OF REPORT PC 207	REPORTING OFFICER M. Foster
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Additional Charges:

PC 210.5, PC 368(f), & PC 242

Injuries:

Swelling and discoloration to forehead above both eyes, swelling and bleeding to nose, and swelling to upper lip. Complaint of pain (5 to 6 on a 10 (most severe pain) scale to face

Evidence:

Photographs of injuries

Narrative:

On Tuesday, October 31, 2017, about 1135 hours, I was dispatched to a barricaded subject at the Castle View Elementary School located at 6201 Shaker Drive in Riverside. The subject was a parent of one of the students. His name was Kennon Luvelle and he was arguing with staff members for not allowing his daughter to be released to him.

On arrival, I was instructed to transport V/Carlos Paredes Gallardo to the hospital. I contacted Paredes Gallardo. He was bleeding from the nose. There was swelling to his forehead, his nose was deformed and discolored, and his upper lip was swollen. Paredes Gallardo did not want to be transported by ambulance, but stated he would go with me. I transported him to the Riverside Community Hospital Emergency Room.

At the hospital, Paredes Gallardo told me the following in a recorded statement.

V/Paredes Gallardo's Statement:

Paredes Gallardo is married to W/Jennifer Paredes Gallardo, who is a teacher at the school. He was at the school to have lunch with her. They were sitting in Room A3 when an announcement was broadcasted over the public address system. The announcement was that the school was in "Lock Down" and that all teachers needed to lock their classrooms.

Paredes Gallardo walked with Jennifer to her classroom (A5). He saw the principal in the hallway standing at a classroom door. He asked what she was doing. She told him that a teacher was locked inside with a man. Paredes Gallardo turned the doorknob and it was unlocked. There was resistance when he tried to open it. It had some items blocking the doors free movement. Paredes Gallardo was able to push the door open and enter.

Once inside, Paredes Gallardo saw the male suspect, Luvelle. He estimated that Luvelle was about 6'-02" tall and weighed about 230 pounds. He was wearing a brown hooded sweatshirt and had tattoos on his chest near his collar bones. He was wearing pants, but Paredes Gallardo could not recall the color or type. He recalled S1's clothing was baggy.

Paredes Gallardo asked Luvelle if he needed any help. Luvelle looked at Paredes Gallardo and asked either what he was doing or what he wanted. Before he had the opportunity to respond, Luvelle used a closed fist to punch Paredes Gallardo's nose. Paredes Gallardo was surprised by the punch and did not respond immediately. While Luvelle's attention was turned to Paredes Gallardo, the teacher, V/Linda Montgomery, ran out of the classroom outdoors. Luvelle chased her as she ran. Paredes Gallardo ran after them.

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When he got outside, he saw that Montgomery was sitting on the ground near the lunch benches. Luvelle was holding her in a "choke hold." He was holding Montgomery by the neck from behind. Luvelle's right arm was around her neck as he sat on one of the table benches. Paredes Gallardo ran behind Luvelle and grabbed him by the neck in a similar fashion. Luvelle released Montgomery and attacked Paredes Gallardo.

Paredes Gallardo was unable to recall exactly how it happened, but Luvelle was able to get out of the hold, and punched Paredes Gallardo in the face. Paredes Gallardo fell to the ground. Luvelle punched him several more times in the face with closed fists while Paredes Gallardo was on the ground. Luvelle stopped assaulting Paredes Gallardo. Luvelle grabbed Montgomery by the collar of her shirt and dragged her back into the classroom. He closed the door. Paredes Gallardo got up and was going to follow them into the classroom, but a staff member told him not to endanger himself any more. Paredes Gallardo did not attempt to enter the classroom.

Paredes Gallardo stated that all of the injuries to his face were the result of the battering he received from Luvelle. Paredes Gallardo did not know Luvelle and had never seen him prior to this incident. He desired prosecution. Paredes Gallardo said he never hit Luvelle nor was he able to defend himself. He said he thought Luvelle was stronger and more capable of fighting than himself. He had not seen Luvelle with any weapons. (End of Statement)

Jennifer came to the hospital. I spoke to her in the Emergency Room. She told me the following in a recorded statement.

Jennifer Paredes Gallardo's Statement:

Jennifer and Paredes Gallardo were in Room A3. When she heard the "Lock Down" announcement, she locked Room A3, and then walked to her classroom, A5. While going to A5, she saw Luvelle wearing a reddish colored sweater. She estimated he was about 6'-01" and weighed about 190 pounds. She had never seen him prior to this incident and did not know him. Luvelle took a cart, which was on wheels into Montgomery's classroom. Jennifer heard Montgomery yell, and then she saw the principal walk over to the classroom. Paredes Gallardo walked over to the principal to help. Jennifer stayed inside her classroom. She did not see any assault occur. (End of Statement)

When Paredes Gallardo's medical treatment was completed, his doctor informed him of the diagnosis. [REDACTED]

[REDACTED] He was discharged. I transported him back to the scene. He spoke to detectives, and then was released.